BIRTH NO. REG. DIST. NO. 12 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1 DISTRICT NO. 1000 Registrar's No. 1 DISTRICT NO. 1000 Registrar's No. 1 DISTRY Bu Chanan  D. CITY (If outside corporate limits, write BURAL and give township) STAY (In this place) TOWN St. JOSEPh CON St. JOSEPh CON STAY (In this place) TOWN St. JOSEPh CON St. JOSEPh CON STAY (In this place) TOWN St. JOSEPh CON St. JOSEPh CON STAY (In this place) TOWN St. JOSEPh CON St. JOSEPh CON STAY (In this place) TOWN St. JOSEPh CON St. JOSEPh CON St. JOSEPh CON STAY (In this place) TOWN St. JOSEPh CON STAY (In this place) TOWN St. JOSEPh CON St. JOSEPh CON STAY (In this place) TOWN St. JOSEPh CON STAY (In this place) TOWN St. JOSEPh CON ST. JOSEPh CON STAY (In this place) TOWN St. JOSEPh CON STAY (In this plac	a nan admission a nan admission a nan an
a. COUNTY Buchanan  b. CITY (if outside corporate limits, write RURAL and give township) TOWN St. Joseph  c. LENGTH OF OR TOWN St. Joseph  c. LENGTH OF OR TOWN St. Joseph  d. FULL NAME OF (if not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION  2105 Dewey Ave.  3. NAME OF DECEASED (Type or Print)  Town St. Joseph  b. (Middle) (Type or Print)  Town St. Joseph  c. LENGTH OF OR TOWN St. Joseph  c. CITY (if outside corporate limits, write RURAL and give township) STAY (in this place) STAY (in this place) STAY (in this place) STAY (in this place) OR TOWN St. Joseph  d. STREET (if rural, give location) ADRESS 2105 Dewey Ave.  3. NAME OF DECEASED (Type or Print)  Town St. Joseph  d. STREET (if rural, give location) ADRESS 2105 Dewey Ave.  3. NAME OF DEATH DECEMBER  TOWN St. Joseph  d. STREET (if rural, give location) ADRESS 2105 Dewey Ave.  4. DATE (Month) (Depart Limits) Months December 24  Dec. 1, 1882  GR ant City, Missouri  Town St. Joseph  d. STREET (if rural, give location) ADRESS 2105 Dewey Ave.  105 Dewey Ave.  106 COLOR OR RACE (Middle)  C. (Last) ADRESS 2105 Dewey Ave.  107 Takes  S. DATE OF BIRTH Dec. 1, 1882  Dec. 1, 1882  GR ant City, Missouri  Town St. Joseph Maggie Frakes  Town St. Joseph  DECASED Limits, write RURAL and give township) C. CITY (If outside corporate limits, write RURAL and give township) C. CITY (If outside corporate limits, write RURAL and give township) C. CITY (If outside corporate limits, write RURAL and give township) C. CITY (If outside corporate limits, write RURAL and give township) C. CITY (If outside corporate limits, write RURAL and give township) C. CITY (If outside corporate limits, write RURAL and give township) C. CITY (If outside corporate limits, write RURAL and give township) C. CITY (If outside corporate limits, write RURAL and give township) C. CITY (If outside corporate limits, write RURAL and give township) C. CITY (If outside corporate limits, write RURAL and give township) C. CITY (If outside corporate limits, write RURAL and g	a nan adelseles a nan adelsele
a. COUNTY Bu chainan  b. CITY (if outside corporate limits, write RURAL and sive township) COR TOWN St. Joseph  d. FULL NAME OF (if not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION  3. NAME OF A COLOR OR RACE (Type or Print)  5. SEX  6. COLOR OR RACE (Middle) C. LENGTH OF CORNITION (Glive kind of work done) HOSPITAL OR (Middle) C. CLAST) C. CLAST) C. CLAST	a nan  (Year)
TOWN St. Joseph  TOWN S	4, 1950  F UNDER # Min.  CITIZEN OF WHAT
3. NAME OF DECEASED (Type or Print)  5. SEX   6. COLOR OR RACE   7. MARRIED, NEVER MARRIED, Maggied   9. AGE (In years   100. USUAL OCCUPATION (Glwekind of work defining most of working life, even if restrict)  Merchant Police   13b. Mother's maiden name   14. Name of Husband or Wife   12c. CI   13c. Father's name   13b. Mother's maiden name   14. Name of Husband or Wife   15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year, no. or unknown)   (If year, give war or dates of service)   16. SOCIAL SECURITY   17. Informant's Signature or Name   18. CAUSE OF DEATH   19. AGE (In years)   Winder   Var. Months   Days    Months   Days   10c. 1, 1882   16. Birthday)   12. CI   16.	4, 1950  F UNDER # Min.  CITIZEN OF WHAT
(Type or Print) Herbert Wilson Frakes DEATH December 24  5. SEX   6. COLOR OR RACE   7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)   8. DATE OF BIRTH   9. AGE (In years   15 under living life, with thinking   15 under living most of working life, even if retired)   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (State or foreign country)   12. CI   12. CI   13. Married   13b. Mother's maiden name   14. Name of Husband or Wife   15 under living most of with a city   15 un	4, 1950  F UNDER # Min.  CITIZEN OF WHAT
5. SEX   6. COLOR OR RACE   7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)   Married   Dec. 1, 1882   68   Months   Days   Married   Dec. 1, 1882   68   Months   Days   Married   Dec. 1, 1882   68   Months   Days   Months   Days   Married   Dec. 1, 1882   Grant City, Missouri.   Color of the col	Hours   Min.
Da. USUAL OCCUPATION (Glive kind of work done during most of working life, even if redired)  Merchant Police.  Same:  Same:  10b. KIND OF BUSINESS OR INDUSTRY  Grant City, Missour:  Grant City, Missour:  11c. NAME OF HUSBAND OR WIFE  Martha Etta Alexander Maggie Frakes  S. WAS DECEASED EVER IN U. S. ARMED FORCES? (See no. or unknown) (If yee, give war or dates of service)  NO. OCCUPATION (Glive kind of work done)  Martha Etta Alexander Maggie Frakes  17c. INFORMANT'S SIGNATURE OR NAME  Martha Etta Alexander  Martha Etta Al	TIZEN OF WHAT
Arthur L. Frakes   Martha Etta Alexander   Maggle Frakes    5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY    Yee, no. or unknown)   (If yee, sive war or dates of service)   491-119-119   10.    NO   ******   491-119-119   Mrs. Maggle Frakes   St. Joseph   Mc    8. CAUSE OF DEATH   Constitution   MEDICAL CERTIFICATION   INTERCENT    ONE   CAUSE OF DEATH   Constitution   Constitution    MEDICAL CERTIFICATION   ONE    ONE   CAUSE OF CONDITION   ONE    ONE   CAUSE OF DEATH   CAUSE OF CONDITION   ONE    ONE   CAUSE OF CAUSE OF COND	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME Yes, no, or unknown) (If yes, sive war or dates of service) 491-10-11950 Mrs. Maggie Frakes St. Joseph, Mc 8. CAUSE OF DEATH Enter only one cause per 1 1. DISEASE OR CONDITION ONE	
No   (If yes, give war or dates of service)   491-10-11950   Mrs. Maggie Frakes St. Joseph, Mo  8. CAUSE OF DEATH  Enter only one cause per   1. DISEASE OR CONDITION ONE	
Enter only one cause per 1. DISEASE OR CONDITION ONS	ADDRESS
	ERVAL BETWEEN USET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- case, Injury, or complica- case, Injury, or complica- case, Injury, or complica- case of the underlying cause last.  ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b)  ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b)  ANTECEDENT CAUSES  DUE TO (c)	any po
tion which caused death.  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.	31%
TION	AUTOPSY?
21a. ACCIDENT (Specify) SUICIDE HOMICIDE  21b. PLACE OF INJURY (e.g., to or about bone, farm, factory, street, office bldg., etc.)  21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)	(STATE)
21d. TIME (Month) (Day) (Year) (Hott) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  OF WHILE AT NOT WHILE INJURY OCCUR?  INJURY AT WORK	
2. I hereby certify that I attended the deceased from 1-13, 1950, to 12/24, 1950, that I last saw alive on 12/13, 1950, and that death occurred at 4:15A m., from the causes and on the date stated about	the deceased
23a. SIGNATURE (Degree or title) 23b. ADDRESS 7 /8 11. Jest 23c.	DATE SIGNED
24a. BURIAL. CREMA- 24b. DATE   24c. NAME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county) TION. REMOVAL (Breadty) Burial () Dec. 27, 1950   Memorial Park Cemetery   St. Joseth. Missouri.	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS  DEC 28, 1950 Carl C-Cas a Stalter Meierhoffer St. Jose	



## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \*\*\*\*

working under my personal supervision.

Licensed Embalmer No. 4413 Missouri.

Student Embaimer St. Joseph, Missouri. P. O. Address\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.